

A conversation with Greg Garrett, October 6, 2017

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by Greg Garrett.

Summary

GiveWell spoke with Mr. Garrett of the Global Alliance for Improved Nutrition (GAIN) to learn about GAIN's progress and future plans. GAIN is a GiveWell standout charity. Conversation topics included GAIN's current salt iodization work, its collaborative projects, and its room for more funding.

Current country-level salt iodization projects

Over the last year, GAIN has focused its universal salt iodization (USI) work on Tanzania, Mozambique, Ethiopia, and Kenya. These are countries where household coverage of iodized salt is still below optimal levels.

GAIN is focused on working in the East, Central, and Southern Africa (ECSA) region because it was recently involved in a USAID-funded community of practice that brought together all groups in the region with a stake in food fortification. As a result of this work, GAIN has established good relationships with all government food control bodies in the region, as well as with most industry associations and some laboratories. This means that GAIN is well-placed to take on salt iodization work in the region, especially work on the improvement of regulatory monitoring. The ECSA region was also chosen for its proximity to existing GAIN USI field staff.

Tanzania

GAIN works closely with the Tanzania Food & Drugs Authority (TFDA) on a variety of initiatives, accounting for ~75% of its USI work in Tanzania. The remaining ~25% of GAIN's USI work in Tanzania is with salt producers.

Advocacy

GAIN supports advocacy work to put iodine back on the national agenda in Tanzania. President Jakaya Kikwete, whose term ended in 2015, strongly supported iodization, and was instrumental in establishing a USI program. Because of his work, many in Tanzania felt that the country had accomplished its goals for salt iodization, so some work on it ceased. However, data collected by the TFDA in 2015 indicate that coverage is not yet at a sufficiently high level – the percent of households in Tanzania with access to iodized salt is only:

- ~50% in rural areas,

- ~80% in urban areas, and
- ~61% overall.

Urinary iodine content (UIC) levels are also not optimal. These data are obtained from government surveys, Demographic and Health Surveys conducted by USAID, and multiple indicator cluster surveys supported by UNICEF.

In 2017, GAIN spoke at various national meetings to inform stakeholders that there is still work to be done to reach adequate household coverage.

Training

GAIN worked with the TFDA to improve inspection practices, training government inspectors in ten different regions to use a total quality audit approach. This means that upon visiting salt producers, the inspectors check not only the salt, but also the salt producers' records, to ensure that they are importing the right amount of potassium iodate, and cleaning and labeling their salt appropriately. GAIN accompanied the TFDA on visits five salt sites where TFDA conducted audits consistent with a total quality approach.

GAIN conducts training days to which representatives from the salt industry are invited, but they do not always attend.

Kenya

Kenya has historically had an iodine coalition and more recently started a staple food coalition, but the two do not yet work together in an optimal way.

At the request of the Kenyan government and other key stakeholders, GAIN worked to align these two micronutrient coalitions in 2017. It helped stakeholders to address issues with their coordination, and to do a rapid assessment of gaps in the national salt iodization process. GAIN also worked to help the USI task force meet more regularly.

Training

GAIN conducted one training on quantitative analysis using titration, for the National Public Health Laboratory. This was a much smaller engagement than the trainings in Tanzania.

Ethiopia

GAIN feels that Ethiopia has been its most successful USI project. When GAIN began its work in Ethiopia in 2008, household iodized salt coverage was at ~20%; as of 2017, supply data indicate it may be above 90%. These estimates refer to the percentage of households with any iodine in their salt at all and while they do not mean that the level of iodine is sufficient, there has clearly been an improvement over time.

Though GAIN's initial work in Ethiopia used funding from the Bill and Melinda Gates Foundation, in the last year, GAIN has used GiveWell funds to execute several projects:

Quality control work with the Ethiopian Food, Medicine and Health Care Administration and Control Authority (FMHACA)

GAIN helped the FMHACA update its tools for quality control and inspection, by translating quality control materials it had used in India into Amharic, and training the FMHACA in how to use the tools. These tools have been effectively adapted for use in Ethiopia and deployed in the field.

Training of salt producers

GAIN conducted many trainings with dozens of salt producers to teach them good practices for quality assurance, including:

- how to use iodization equipment,
- how to apply the correct dose of iodine,
- how to titrate to ensure that iodine levels in the salt are correct, and
- how to ensure sufficiently low moisture and magnesium levels in the salt.

Raising public awareness of iodized salt logo

GAIN worked with the FMHACA and a media agency to develop an awareness campaign for the iodized salt logo and to run several events. The campaign taught people the meaning of the logo and informed them that iodine is good for health and cognitive development and can be found in iodized salt.

Mozambique

Potassium iodate (KIO₃) procurement crisis

Mozambique recently faced a crisis in procuring KIO₃, which is necessary for the salt iodization process. Importation of KIO₃ into Mozambique is extremely limited, and in recent years UNICEF handled all KIO₃ procurement in Mozambique. When UNICEF stopped procuring KIO₃ on behalf of Mozambican salt producers in 2015, neither the government nor the salt producers knew how to effectively procure KIO₃ from approved suppliers; as a result, it appears that Mozambique was without KIO₃ for several months.

As of October 2017, the largest salt producer in Mozambique, which accounts for ~30% of the country's salt, has been procuring KIO₃. GAIN does not know whether other salt producers have now procured KIO₃ as well, but it is investigating this matter.

Solutions

GAIN convened and facilitated a national meeting to discuss sustainable procurement with all the major salt producers in Mozambique, as well as IGN, UNICEF, the Ministries of Health and Industry, and other major stakeholders. At this

meeting, GAIN helped salt producers devise a way of forecasting iodine demand every six months, and created a plan to set up a KIO3 procurement agent.

Next, GAIN plans to help the country establish a proper procurement system, so that rather than a third party buying KIO3, the salt industry buys KIO3 and passes the marginal cost on to the consumer. GAIN is doing the analytical work for this – forecasting aggregate demand, working with KIO3 suppliers, and ensuring that the KIO3 importation regulation is expanded so that all quality-assured KIO3 suppliers are able to export iodine to Mozambique. If the regulation is changed and the salt industry uses a tender process, it can purchase KIO3 from whichever quality-assured supplier offers the lowest price, potentially decreasing the cost per kilogram of KIO3 by ~10-20%.

Other countries

GAIN decided to close down its operations in Afghanistan in late 2017 because of ongoing security concerns and funding shortages.

GAIN's work in Bangladesh has been focused on fortifying edible oils with Vitamin A, not on salt.

While GAIN has not been focused on salt iodization work outside of Tanzania, Kenya, Ethiopia, and Mozambique in 2017, it does advocate for improved delivery of iodized salt and enforcement of iodized salt standards when it works with food control authorities to improve enforcement of food control standards. In 2017, GAIN did work of this kind in Afghanistan, Bangladesh, Indonesia, and India.

Collaborative work

Collaboration with the Iodine Global Network (IGN)

GAIN often works closely with IGN. It sees itself and IGN as complementary, with IGN building networks and acting as a watchdog and facilitator, and GAIN providing direct technical assistance and acting more as an implementer. One collaboration is the Global Fortification Data Exchange (GFDx) at www.fortificationdata.org. GAIN worked with IGN to launch this website, which aggregates all data available about food fortification globally.

Other collaborative work

- Since 2014, GAIN has chaired the Global Fortification Technical Advisory Group (GF-TAG). Other GF-TAG partners include UNICEF, Helen Keller International, and Nutrition International.
- Together with Project Healthy Children, GAIN is working on a management information system which will be used at the country level. This database will aggregate national data on fortification programs. It will be released around the world over the course of the next year.
- GAIN is working on establishing regulatory monitoring guidelines for countries.

- GAIN is working with several partners to establish a systematic approach to examining documentation of food fortification, which it plans to publish on www.fortificationdata.org.

New data on iodized salt coverage in countries where GAIN has worked

In April 2017, GAIN published the results of fortification assessment coverage surveys in the Journal of Nutrition. This publication looked at all food vehicles, including salt, and included data from Tanzania, Uganda, Senegal, India, and two states in Nigeria. Some of the data in the publication are several years old.

GAIN is also aware of newly published UIC data for Ethiopia and India, however it would be difficult to attribute any changes in coverage solely to GAIN's work.

Funding for USI

Current funding

Most of GAIN's salt iodization funding comes from GiveWell. It also recently received a small grant for Tanzania from a family foundation and a larger grant from the Dutch government, part of which was earmarked for USI. The Dutch money will be applied in Bangladesh and Mozambique, and to a lesser degree in Ethiopia.

GAIN has also received ~\$10 million as part of a Bill and Melinda Gates Foundation grant made to multiple agencies for the purpose of working on food fortification at the global level. Of this, approximately \$5 million is going to GAIN's global collaborative work over a period of more than three years. This work focuses on improving overall food control as it relates to fortification; it does not focus on USI specifically. GAIN has allocated the remainder of the grant to research, edible oil fortification in India, and work on the Scaling Up Nutrition (SUN) Business Network.

Scale-down

2016-17 was a transition year for GAIN's USI programs because its budget for salt iodization was reduced from ~\$2.3 million/year to ~\$500,000/year, due to the fact that GAIN is no longer receiving funding from the Gates Foundation for USI work. The reduced budget means that GAIN has had to shift its strategy and expectations for USI, and significantly scale down its operations.

When GAIN was operating with Gates Foundation funding, it worked on USI in twelve countries; as of 2017, it is only working on USI in four or five, so that it can use its limited funds effectively in the countries it knows best, rather than dividing its funds over a large number of countries and losing focus.

In the past, GAIN had a dedicated salt associate in each country where it worked. Now it has no dedicated country-level salt associates; instead it has one staff member, based in Nairobi, who supports salt fortification in the entire ECSA region. It also has one fortification associate in each Tanzania, Mozambique, and Ethiopia. Fortification associates spend part of their time working on USI. Despite the

reduction in operational capacity, GAIN is confident that it can still accomplish a great deal.

Projections for next year

If GAIN receives ~\$500,000 from GiveWell in 2018, as it did in 2017, it will continue working in Tanzania, Ethiopia and Mozambique. Mr. Garrett expects that spending will be distributed nearly evenly between the three countries, though GAIN may spend slightly more in Mozambique because USI setbacks in Mozambique have been particularly acute.

Other work that GAIN plans to do in 2018 includes:

- **Continuing small-scale salt iodization programs** in Tanzania, Ethiopia, and Mozambique.
- **Looking into expanding to Malawi and Burundi**, which have low iodized salt coverage and low UIC levels.
- **Working with food control agencies** in the countries where it works to improve salt iodization monitoring, including enforcement, inspections, quality insurance, and quality control.
- **Improving coordination** among governments and various NGOs, so that the division of labor is clearly defined. GAIN's Country Directors in Tanzania, Ethiopia, and Mozambique will be looking at this issue closely during the coming year.
- **Improving data on quality and compliance**, which are metrics that IGN does not track and are not available on www.fortificationdata.org. National surveys of nutrition that GAIN has conducted have shown that the quality of iodized salt is still quite low in a number of countries.

Room for more funding

Mr. Garrett is confident that GAIN could absorb an additional ~\$1 million per year for iodine work, bringing its iodine budget up to ~\$1.5 million. This is the ideal level, since it is the maximum amount that GAIN could utilize efficiently given its current operating model and staff.

Potential expansion

If GAIN had a budget of ~\$1-1.5 million next year, it would want to go into countries outside of the ECSA region where more support is needed. These would be countries such as Angola, Niger, and Senegal, where UIC levels and coverage are low. It would also want to scale up its operations in one state in India that has low coverage, and return to work in Tajikistan.

Eradicating iodine deficiency

Only 19 countries in the world have high rates of iodine deficiency disorders (IDD), and GAIN and its global partners are aiming to end IDD in the next three to five years. GAIN, IGN, and UNICEF estimate that they could fully eradicate IDD if given another ~\$6 million/year for five years.

Of that money, GAIN estimates that it could absorb ~\$1.5 million/year for five years, with IGN and UNICEF absorbing the rest. In order of priority, it would use these additional funds to:

1. **Strengthen ongoing work in the ECSA region**, and possibly add another country, such as Zambia.
2. **Return to work in India**, where it has had success in the past, to target the remaining 17% of the population that does not have access to iodized salt.
3. **Work in Bangladesh and Tajikistan**, where it has relationships on the ground.

All GiveWell conversations are available at <http://www.givewell.org/conversations>